

ULSTER COUNTY BOARD OF ELECTIONS
REQUEST FOR ACCESS TO PUBLIC RECORD

PLEASE PRINT

Date: _____

Name: _____

Address: _____

(Zip Code)

Telephone No. (____) _____

Submit To:

Ulster Co. Board of Elections
284 Wall St.
Kingston, NY 12401
(845) 334-5470

Reason For Request: _____

Does applicant apply on own behalf? _____
(Yes) (No)

If NO, name and address of the person or organization on whose behalf applicant is acting.

Name: _____

Address: _____

(Zip Code)

Please List the records, determinations, minutes, rules or other documents you wish to examine or have copied.

(Photocopy charges: \$.25 per page, prepaid.)

<u>ITEM</u>	<u>DATE FILED</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Note: The Agency has 5 business days to comply with or reject this request.

Applicant's Signature

Applicant's Name (print or type)